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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

COMPOUND COMMINUTED FRACTURE OF THE SKULL, WITH EXTENSIVE LOSS OF BONE AND CEREBRAL SUBSTANCE.

BY ISAAC N. SNIVELY, M.D.,
Of Waynesboro, Pa.

Read before the Franklin County Medical Society, October 2d, 1877.

MR. PRESIDENT:—I will exhibit to this Society, to-day, a case of compound comminuted fracture of the skull in which there was extensive depression of bone, and wounds of the brain and its membranes, in which it was necessary to remove a large quantity of bone, a portion of which was thrust through the membranes into the cerebrum, resulting in considerable loss of brain substance.

This case is interesting as being uncommon, and serving to show the extraordinary resources of the system in surmounting the effects of so grave and frightful an accident with loss of brain structure, yet the patient making an excellent recovery without a weakened state of his intellect.

Cyrus Lincoln Moun, the lad before you, is twelve years of age, the son of a blacksmith in Quincy, Pa. He is of bright intellect, and always enjoyed good health. His parents are likewise healthy. July 11th, 1877, his father found him in an insensible condition, lying in front of his horse in the stable, with his skull crushed in, and in a pool of blood, having been pawed down by his horse, the front shoes of the animal having some human hair and blood adhering. I saw the lad about an hour and a half after he was discovered in this condition. Upon examination I found very extensive scalp wounds, with a compound comminuted fracture of the skull, above the left supra-orbital ridge, which extended upward and outward, across the coronal suture, into the parietal bone. One piece of bone was thrust through the coverings, deep into the brain, through which opening a considerable portion of brain substance escaped. I removed carefully every portion of the fractured bone and other foreign matter, being careful to smooth up the ragged edges of bone. The edges of the scalp were carefully brought together with silk sutures. A compress and bandage were applied, and the head kept wet with cold water and tincture arnica. As the pressure was removed from the brain, consciousness was speedily restored. The pulse being slow and irregular, and reaction tardy, a warm toddy was prescribed. All noise was forbidden about the house, and a bridge near by, over which there was a good deal of travel, was covered with ground bark. Previous to this the patient was much disturbed when a carriage or wagon would roll over the structure. His apartment was darkened. After reaction was established, a full anodyne was administered. There being no inclination for food, none was given the first day. The water applied to the head was increased in coldness, in proportion to the degree of heat. The pupils were natural.

July 12th, 9 o'clock, A.M. Patient rested well; suffered no nausea; slept two and a half hours at one time during the night; no delirium; rational; somewhat nervous and jerking in his sleep. Pulse 70 per minute. Temperature 101°.

Ordered senna and salts, to have the bowels unloaded. He drank a small quantity of milk and ate a few crackers. He is extremely sensitive to all kinds of noise. A small quantity of brain substance continued to escape since yesterday.

July 13th, 10 A.M. Rested well during the night, on an anodyne. No more brain escapes. Pulse 85. Temperature 101°. Pupils natural. Entirely conscious; bowels have been well opened. He takes some solution of potassæ chloras, with a small quantity of tincture veratrum viride every two hours. Takes very little nourishment. Tongue somewhat coated.

July 14th, 10 A.M. Pulse 79. Temperature 101°. General condition the same.

July 15th, 10 A.M. Pulse 65. Temperature 101°. Pulse full and somewhat irregular. Some suppuration; most of the scalp wound united by first intention; careful pressure is kept up upon the point from whence the brain substance escaped, by a silver plate fastened down with adhesive plaster and compress and bandage.

July 16th, 10 A.M., Pulse 60. Temperature 101°. Less suppuration; patient does not feel so well, but continues rational. Continue same treatment. Dr. Groesbeck, of Baltimore, accompanied me and congratulates us upon getting along so well, and predicts a favorable result.

July 17th, 10 A.M. Pulse 60. Temperature 101°. Comfortable; tongue cleaning; diet simple and moderate, with acidulated drinks.

July 18th, 2 P.M. Pulse 52. Temperature 100½°. New development yesterday afternoon, when he commenced singing, and kept it up ever since at intervals. He almost constantly hums a tune. This reminds me of a similar case I had at the United States Army General Hospital, Beverly, New Jersey, in 1864. A soldier had a large portion of his right parietal bone carried away by a piece of shell, a portion of the brain also having been lost. He also recovered, but for a long time during the treatment in my ward kept up this humming. I find the wound in rather a bad condition today; the lad, whilst asleep, pushed away the silver plate and compress, which caused the wound to gape and the brain to protrude. I pressed the brain in again as well as I could, and replaced the plate and compress with a bandage.

July 19th, 10 A.M. Pulse 52. Temperature 100°. General condition good.

July 20th, 10 A.M. Pulse 56. Temperature 100½°.

July 21st, 2 P.M. Pulse 56. Temperature 100°. Wounds all healed except over the portion where the brain protruded.

July 22d. Pulse 52. Temperature 100°. Still sings, and seems unusually cheerful. Except being in this singing mood, his mind seems entirely rational.

July 23d. Pulse 60. Temperature 100°. Continues doing well.

July 24th. Pulse 60. Temperature 100°.

July 25th. Pulse 65. Temperature 100°. Wound almost healed.

July 27th. Patient able to sit up, and improving rapidly. Has quit his humming.

July 31st. He is able to go about the house.

August 10th. The wound is entirely healed. Case dismissed.

August 17th. Saw the case to-day and found him entirely well, having recovered without any apparent impairment of his intellect.

In fractures of the skull, which are of frequent occurrence, and as a rule are so liable, even in comparatively slight cases, to be followed by the worst consequences, I do not hesitate in saying that, as a rule, physicians are liable to be too conservative, and fearful to explore the injured parts properly, especially when there are symptoms of compression, in which case the scalp should be laid open down to the skull, and sufficient bone removed at the seat of injury to insure safety of the patient from pressure upon the brain. Experience has fully shown that very large portions of the skull can be removed without any untoward consequences.

A PECULIAR CASE OF IRRITATION OF THE NERVOUS SYSTEM, IN A CHILD WHILST TEETHING.

Read before the Allegheny Medical Society, at their last meeting, September 18th, 1877.

BY DR. A. BLUMBERG,

Of Pittsburg, Pa.

On the 8th of last August I was called to see Katie R., aged ten months, living on Thumm street, Fourteenth Ward. Two days previously she was taken sick with choleraic diarrhœa, which attack recurred at intervals. I found the child very restless and irritable; pulse small and rapid, but no fever. Upon examination of the gums, found the upper one red,

swollen, and very sensitive to the touch. I prescribed the following:—

R.	Mag. sulph.,	℥j
	Tinct. rhei.,	℥ij
	Syr. zingiber.,	℥j
	Aqua menth.,	℥ix. M.

Sig.—A teaspoonful every three hours.

On the same evening, at ten o'clock, was sent for in great haste, the messenger stating that the child, who during the day had appeared better, had suddenly become cold all over, and was lying unconscious. On my arrival at the house (which was about thirty minutes after the child had been taken with this attack), I found her apparently unconscious; the body rather cool; face, head, and especially the ears, very cold, and rather moist. The temperature in the axilla was normal, the pulse full and regular, about 70. Upon calling her by name she gave no sign of recognition, but stirred slightly when pinched. Patient appeared as if overcome by deep sleep from which she was powerless to awaken. Gave her brandy and hot tea, which she swallowed, but remained in this deep sleep until eleven o'clock; she then commenced slowly to awaken, the coolness of the skin gradually becoming lessened, until it reached its normal temperature, when she showed a desire for nourishment, and seemed to be rather prostrated.

August 9th, A.M. Patient improving; vomiting entirely stopped; diarrhœa reduced to five or six passages in the last twelve hours; temperature 101°. Medicine to be continued. 9.30 P.M. Had another attack, of the same intensity and duration as on the previous evening.

August 10th, A.M. Temperature 101.2°; bowels moved less frequently and of more fecal consistence. Ordered sulphate of quinia, in two-grain doses, every two hours, commencing four hours before the attack comes on. 8.30 P.M. Took another attack, which lasted until 10 P.M.

August 11th, 10 A.M. Had no passage in the last eight hours; temperature 101°. Ordered the quinine to be given in four-grain doses an hour before the attack, which, however, came on at eight o'clock and lasted until midnight.

August 12th, A.M. Bowels still confined. Ordered an enema of tepid water and castor oil; discontinued the quinine, and prescribed oxide of zinc, in half-grain doses, every three hours. At 7.30 P.M. another attack, which lasted until 11 P.M.

August 13th, A.M. The child laughing and playing; bowels still confined. Medicine to be continued, and a teaspoonful of castor oil to be given.

7 P.M. The attack came on whilst the child was playing in her mother's arms, lasting until 9 P.M.

These attacks recurred on the evenings of the 14th and 15th of August, but were of shorter duration and of less intensity.

August 16th, A.M. The child seems to be in usual health; bowels moved once this morning; temperature 98°. The mother, who at my request had examined the child's mouth daily during her sickness, stated that, to her great joy, she had found, this morning, the first appearance of the third upper molar. She had no return of the attack that evening, nor has she had any since, and is in perfect health.

The question now arises, To what disorder can these attacks be attributed?

That these periodical spells were connected with dentition at that time is proved, first, by the febrile symptoms present during the day, from the 9th until the 16th. Second, by the disordered condition of the bowels, which generally accompanies teething. Third, the cessation of all these symptoms, on the morning of the 16th, after the molar tooth made its appearance. Taking this into consideration, and the form in which these attacks occurred, we are compelled to look for the cause in some disorder of the nervous system, brought on either by a direct irritation of the centre of the nervous system, or by reflex irritation of some other organ.

The query now is, In what district of the nervous system must we look for the cause of such disturbance?

We know from physiology that the blood vessels are kept in a steady tension (called tonus) by influence of the nervous system, which, according to an experiment by Schiff, was proved to be the function of the nerve sympatheticus. Schiff found, by experimenting on rabbits, that by cutting through the sympathetic nerve on the neck, the corresponding side of the head, face, and more particularly the ears, became flushed and hot, the arteries becoming thereby dilated.

By faradical irritation of the same nerve, the corresponding side of the head, face, and espe-

cially the ears, became cold, the arteries becoming contracted.

I believe, therefore, that in this case of Katie R., the remittent attacks were caused by some irritation of the sympathetic nerve, brought on either by the irritable condition of the brain during the period of teething, or by reflex irritation of some other disordered organ at that time. I have never read of a similar case, and, therefore, deem this of sufficient interest to the profession to bring it to your notice.

Hospital Reports.

NOTES UPON TREATMENT AT THE UNIVERSITY HOSPITAL.

CLINICS OF PROFESSORS PEPPER, WOOD, AND PENROSE.

(Prepared for the Medical and Surgical Reporter.)

Diabetes Insipidus.

The patient had yellow fever at Jamaica, in January last. His convalescence has been complicated by an attack of diabetes insipidus. He passes from twelve to fourteen pints of urine daily, and suffers from giddiness, rapid breathing, and rapid action of the heart. There is also marked anæmia. The urine is light-colored, and contains no albumen and no tube-casts. There is, therefore, no organic disease of the kidneys. The specific gravity is from 1010–1015, but never rises as high as normal. There cannot be found a trace of sugar in the urine. This is not a case of albuminuria, nor of true diabetes, but of simple diuresis. The solid ingredients are about the same in amount as in health, but are divided among a larger quantity of the watery elements. There is, perhaps, a very slight increase of urea and of salines.

The pulse, which is at present pretty thoroughly under the influence of digitalis, is still very small and somewhat irregular. I count fifty-seven beats to the minute, with three intermissions, making in all a pulse of sixty to the minute. The respirations are at the rate of thirty-seven to the minute. This is a proportion very rarely seen between pulse and respirations. The normal proportion is 18–72, instead of 37–60. They generally increase pari passu. In pneumonia, when the respirations are sixty, the pulse is one hundred and twenty to the minute. Here the proportion is about one to one and a half. This pulse, as I have said, is slightly intermittent. Taking all these things together, it looks as if we had some grave disturbance of the circulation and respiration. I cannot, however, discover any valvular murmur, though the first sound of the heart is somewhat weakened. In yellow fever, as you all know, the character of the blood is changed, and there is a great tendency to fatty degeneration of the liver, kidneys and muscle of the heart.

I think we may attribute these symptoms to an innervation of the pneumogastric nerve, and say that the diuresis is the result of nervous causes complicating a convalescence from yellow fever.

As regards treatment we must rely chiefly upon rest, good, nourishing food, and iron and strychnia in large doses. From one-thirtieth up to one-tenth of a grain of strychnia may be administered thrice daily in gradually increasing doses. With the strychnia iron must be joined. If the heart's action be weak and irregular, the patient should be kept upon full doses of digitalis.

The Symptoms of Chronic Lead Poisoning.

This man is suffering from chronic lead poisoning. He has had severe and continued griping pains in the abdomen, a whitish vomit, very protracted constipation, and suffers from great weakness. His vocal cords are slightly affected, and there is quite a noticeable tremor in one arm.

You are, all of you, no doubt, very well acquainted with the usual symptoms of lead poisoning. I want to call your attention very briefly to some of the unusual ones and their treatment. The wrist-drop of chronic lead poisoning is caused by the deposition of lead in the terminal filaments of the nerves supplying the extensor muscles of the hand. You see how this man's hand falls when I hold up his arm. I put my hand in his and ask him to squeeze it as hard as he can. He has no power at all in his grasp. But now let me take hold of his wrist with my other hand and give it support; you see that he can grasp my hand tightly enough, in fact too tightly for my comfort. What have I done by grasping his wrist? I have simply taken the part usually performed by the extensor muscles, namely, that of steadying his hand. The lead colic and change in the pitch of the voice are caused by the deposition of lead in the nerves supplying the abdomen and the muscles of phonation.

This chronic state of lead poisoning may irritate the kidneys and develop a slow form of Bright's disease, interstitial nephritis, or it may produce cirrhosis of the liver. Very many cases of lead poisoning are preceded by a causeless dyspepsia with marked cachexia.

The treatment of these conditions is (1) by a saline purgative, such as sulphate of magnesia, which cleans out the stomach and intestines, first throwing down the insoluble sulphate of lead; (2) by iodide of potassium, which reaches and neutralizes the lead already distributed throughout the system; and (3) by galvanism and full doses of strychnia, to tone up the wasted muscles and bring them into play. Where there is very marked wrist drop splints may be used.

Hemiplegia—Its Treatment.

Hemiplegia of cerebral origin depends upon a softening, clot, abscess, tumor, or exudation,

involving some part of the centre of volition, such as the corpora striata, or optic thalami.

This being the case, in most instances we can do nothing at the time when the attack begins. Where the symptoms of acute congestion of the brain are present, such as flushing of the face, which gradually assumes a purplish color, bleeding is indicated. [In former times it was a rule to bleed every case of apoplexy.] Where there is profound exhaustion, however, bleeding does injury, and the patient must be kept quiet, with his feet in a hot mustard bath. Cold may be applied to the head, and sweet spirits of nitre administered. Though perhaps of but little value as remedial agents in such a case, these things must be gone through with to satisfy the friends of the patient that you are doing all you can for him.

It is very evident that you cannot remove the clot if one has been thrown out. This must be left to nature. Iodide of potassium may be given with the hope of hastening its absorption, but you had better put your patient to bed and keep him quiet and comfortable, and wait for nature to do the work of removal. Of course the patient must be kept upon low diet—milk and water is the best—to provide against the danger of cerebritis. If cerebritis supervenes in spite of you, it must be combated with aconite and veratrum viride, revulsives and cardiac sedatives. There will generally be a reaction from the condition of unconsciousness upon the second or third day.

In the course of two or three months, perhaps sooner, it will be time to treat the palsy, for there will always be more or less palsy of the muscles. The clot upon the brain has prevented the action of the muscles, and they are, perhaps, beginning to waste, from long inactivity. Though you could not treat the clot, you can treat the palsied muscles. Perhaps nature has removed the clot by this time, and all that remains to be done is to stimulate and tone up the muscles. So you set to work with electricity and full doses of strychnia. Strychnia may increase the tendency to cerebral inflammation, so it is not to be given until all danger from that source is passed. So with the electricity. Don't begin too soon with it. You begin, say, with electricity and strychnia, and for the first six weeks or so enjoy very plain sailing. The muscle is gradually getting to respond more and more completely to your treatment, and you look forward to a very speedy cure and tell your patient as much, when, suddenly and without any warning, you come to a dead stop. The muscle has, by careful treatment, reached the same point of potential activity that it held before the hemiplegia came on, and responds charmingly to the smallest, weakest current, but you look in vain for any such thing as voluntary motion. The limb is as dead as ever, so far as its subservience to the will is concerned. The fact is that the treatment has brought you up to the seat of injury only to find that the clot still exists unremoved by nature, and that the side of the body is just as much paralyzed as ever. This being the case, never tell your patient that you are going to cure him without a doubt, and that right soon, until the cure is completed, and do not at any time let his hopes of ultimate success run too high. All you can do is to tone up the peripheral system; nature alone can remove the clot.

Strychnia should be administered up to the point of producing muscular action, in doses of from one-thirtieth to one-tenth or even one-fifth of a grain thrice daily. Of course the limit must be reached by gradually making the system accustomed to the drug. As regards the electrical treatment, that current should be employed which causes the least pain and greatest contraction; this will usually turn out to be the faradaic. In every case, as a general rule, the muscular tonicity can be improved in proportion as it has degenerated. In the absence of the above treatment, total muscular rigidity supervenes and puts all curative measures out of the question.

Atrophy of Trapezius.

This man has been under treatment for some weeks past, in the dispensary, for atrophy of the trapezius muscle. He came to us complaining of inability to lift his right arm to his head. Upon examination I find that the transverse fibres of the trapezius upon the right side have greatly wasted. When the right arm is lifted the right scapula projects very abnormally from its usual place. The patient tells me that he thinks that this condition has been gradually growing upon him for a year or so past. Last summer he played base ball a good deal, and supposes that that hastened the weakness. This latter statement seems hardly possible to me.

This might be an instance of acute muscular atrophy, a very rare disease in an adult, but from the fact that so much good has been done by the use of electricity and by the hypodermic injection of strychnia, I am inclined to believe this case to be one of local paralysis, probably of rheumatic nature. The above treatment will be persevered in, and will, I have no doubt, effect a permanent cure, provided, of course, that the palsy is a local one.

Hereditary Tuberculosis.

I bring before you to-day a child said to be afflicted with hydrocephalus. Let us examine the case closely together. The mother tells me that the child was born after a very difficult labor, in which the forceps were used, and lasting seventeen hours. The child at birth weighed from fifteen to sixteen pounds. It was stupid and heavy for twenty-four hours after its birth, and would not take the breast until the afternoon of the second day. This heaviness continued more or less until the end of the third month after birth. During its first year the child had aphthæ, measles, and occasionally attacks of cholera infantum. One afternoon during this first year, the mother does not

remember the exact date, it was seized with a severe fever, attended with vomiting and convulsions. During the following night it was unconscious, and had another very marked convulsion, this time on the left side of the body only. On examining the child's head, which, by the way, does not look hydrocephalic, and has not increased much in size since birth, I find a depressed fracture of the left side of the frontal bone. This fracture was evidently produced by the forceps, and is peculiarly significant when taken in connection with the above symptoms. But don't let us stop here. The mother further tells us that the child has cephalic sweats almost every night, which sometimes extend to the body, drenching the bed clothes. Its sleep is interrupted by moans and starts and by a very distressing cough. The tongue is not much coated, but its pulse runs 125 to the minute, and the temperature taken in the rectum is 102⅘°. I notice, too, that the finger-nails are clubbed. The child, I find, is, in fact, never without a fever. Upon percussion I elicit dullness over the right chest anteriorly and posteriorly. The mother says that she thinks the child had a slight attack of right-sided pleurisy upon one occasion, but that the symptoms were scarcely noticeable. Auscultation shows that the respiration is louder on the left than on the right side. The child can never sleep on its left side. On palpation of the abdomen I find very marked ascites; the abdomen is enormously enlarged, with pouting navel. The mother says that her father and sister both died of phthisis.

Now let us see where we are. The child came to us as a case of hydrocephalus. We dismissed that idea at once. Then we came to the depressed fracture, and that seemed to explain all the symptoms, but we did not stop there; a little further inquiry brought to light new symptoms, and a hereditary history, stamping the case indisputably as one of hereditary tuberculosis, tubercles in brain, lungs, and abdomen.

I shall order the following prescription, but I fear that the little fellow can live but a very short time:—

℞. Hydrarg. chlo. mitis., gr.j
Sacchar., ʒij
Divide in chart. xx. M.

Sig.—One powder thrice daily.

Amenorrhœa.

This woman has come from a distance to be treated for amenorrhœa. She has not seen her monthlies for the past four months. She has had two children, the first of which miscarried. The second child was born about eight months ago, after a very difficult instrumental labor. The mother got out of bed very soon after her delivery, and went about her household work as usual. She has been in the habit of working with bare feet, did so, in fact, just after her last child was born. She allows, too, that she has been imprudent in other ways. Upon questioning the patient, I find that she has a great deal of leucorrhœa, which is much increased in amount just about the time when her menses should appear. This seems to be the only kind of compensatory, vicarious hemorrhage to which she is subject. She never spits or vomits blood; has no epistaxis and no piles. There has never been any blood in her stools. She has, however, gained enormously in weight since she first had this trouble; thinks she has increased at least a hundred pounds in weight. There is a truly enormous deposit of adipose tissue all over her body. If I were alone with the woman I should question her closely as to her sexual feelings; I have no doubt that she has but very little sexual appetite. If this is really the truth, and I have no doubt whatever that it is so, from the woman's history and temperament, I should diagnosticate the case as one of amenorrhœa from torpidity of the ovaries.

Acting on this belief, I shall order the following prescription for the patient, and ask her to return and report in the course of a week or so:—

℞. Ex. aloës, ʒj
Ferri sulph. exsic. ʒij
Assafœtidæ, ʒiv. M.
Divide in pil. No. lxxx.

Sig.—One pill after each meal.

The number to be gradually increased to two, and then to three pills, after each meal. If the bowels are at any time over-affected, return to the initial dose of one pill after each meal.

Medical Societies.

VERMONT STATE MEDICAL SOCIETY.

The annual meeting of the Vermont State Medical Society was held at the Pavilion, Montpelier, Oct. 10th and 11th. The meeting was called to order at 10½ o'clock by the President, Dr. Geo. Dunsmore.

Dr. L. C. Butler moved a committee of five on nominations, and himself, Drs. F. W. Page, S. S. Clark, C. M. Chandler and A. E. Taggart were elected.

Delegates were called upon to report. Those who attended the examinations at Burlington and Dartmouth Medical Colleges reported favorably, the instruction being thorough and practical. A new hospital is being constructed in Burlington, which will greatly facilitate clinical teaching.

Dr. A. P. Grinnell read a paper on aural diseases. He interdicts the use of tobacco by all patients under treatment for diseases of the nares or ear. When the disease has extended to the mastoid cells and there is much pain, with evidence of caries of the bone, he advises trephining, and exhibited the instrument. After

the operation he uses tannic acid, 20 grs. to the oz. of water, or sulph. zinc, 2 grs. to the oz. Perforation of the drum does not necessarily produce deafness, and if but slight, can be cured; he advises perforation in case of pus formation, rather than to wait for nature. In case of inflammation, he cautions against the use of full doses of quinine, which would increase the congestion and pain, but advises hot fomentations with anodynes.

Dr. Putnam read a paper upon the life and last illness of Dr. J. Y. Dewey, of Montpelier. As this paper will appear in full in the *Transactions* soon, I will give no abstract of it.

Dr. Janes reported a case of muscular atrophy, giving us the pathology of the disease, and explained wherein it differed from locomotor ataxia. This case had been one year under observation, commencing in the arms, and extending until it reached the left leg. A brother of the patient had a like affliction.

At 4½ P.M. Dr. Dunsmore, the President, read an address, "Work an Incentive to Success." The Doctor showed us, by his familiarity with history, that no great achievements had ever been accomplished without patient and persevering labor, and that we have no reason to expect ever to reach the hill of fame by any other means.

Dr. G. B. Bullard read a paper upon forceps in labor, wherein his views conflicted with standard authority.

Dr. W. R. Hutchinson read a lengthy report of the American Medical Association, held in Chicago last June. Dr. E. H. Townsend read a paper upon the germ theory of disease.

The discussion upon this paper supported the view that a definite kind of poison was necessary to develop any particular kind of disease; thus the poison of scarlatina never generates typhoid fever, or any other zymotic disease.

SECOND DAY.

Dr. Davenport reported a case of uterine disease of five years' standing, and gave his treatment, which was fully considered by many of the members.

Papers were then read upon diphtheria, by Drs. R. K. Clark and H. S. Calderwood, giving the history, symptoms, and treatment. Dr. Calderwood gave the general history of fifty-five cases, with eleven deaths. Albuminuria was found in forty-five cases; saliva acid in most of them.

Dr. C. B. Thayer gave a verbal history of the epidemic as it occurred in Burlington during the last summer. It prevailed alike upon the hill and in the valley, among the rich and the poor. He reported one very interesting case of diphtheritic laryngitis treated with the atomizer successfully.

Dr. J. Draper, of the Vermont Insane Asylum, was unable to be present, but sent a paper on "The Parthogenesis of Insanity." Read by the Secretary.

Dr. Kidder reported a case of hemarthrosis, in which he used the aspirator successfully without the formation of pus; also another case of hydatid cysts of the liver, from which he drew from ten to eleven ounces of fluid. Others reported a variety of cases in which the aspirator had proved a useful instrument.

The new Nominating Committee reported the following Board, and the same were elected:—

President, C. M. Chandler, of Montpelier; Vice-President, G. B. Bullard, of St. Johnsbury; Secretary, S. S. Clark, of St. Albans; Treasurer, S. Putnam, of Montpelier; Auditor, D. G. Kemp, of Montpelier; Censors, H. D. Holton, L. C. Butler, S. T. Brooks.

The semi-annual meeting will be held in Brattleboro.

S. S. CLARK, *Secretary.*

EDITORIAL DEPARTMENT.

PERISCOPE.

Professor Lister's Inaugural Address.

Last month Professor Lister, having removed to London, delivered his inaugural at King's College. He said he would endeavor to lay before his audience the result of a short inquiry he had made at Edinburgh into the nature of that class of phenomena known as fermentation. It was generally admitted in obstetrics that puerperal fever was due to fermentation; it was known that putrefaction was also fermentation, and if that was so the nature of fermentation was of the highest importance. The question was, were all true fermentations caused by the development of organisms, as was the case in the fermentation of the juice of the grape? Take the case of putrefaction, was that fermentation of the blood? They all knew that blood putrefied, and became foul and poisonous. But blood had no inherent tendency to putrefaction, and there was nothing in the air to produce it. But if a morsel of putrefying blood—as much as would rest on the point of a needle only—was put into a quantity of blood that had been heated to 300° Fahr., and had remained for weeks without putrefying, putrefaction would take place and spread rapidly. That showed that putrefaction was a fermentation. Then, if examined microscopically, the blood would be found to contain microscopic organizations called bacteria, of different sizes, having the power of locomotion, and developing *pari passu*

with the fermentation. Were these the cause of the putrefaction, or were they only accidental concomitants? It had been with the object of finding out, if possible, the true answers to these questions that he had made investigations lasting over two months. In order to arrive at some conclusion he determined to try experiments with milk, and to watch lactic fermentation. If they looked at souring milk with a microscope they would find organisms which were obviously of the character of bacteria, but they were motionless, and rather peculiar in form. Trying boiled milk, he found that after some time there was no souring and no putrefaction, proving that the oxygen of the air and the casein in the milk itself had not produced lactic fermentation. In boiled milk, therefore, they had evidence that fermentation was not spontaneous. If a drop of water was added to the milk, they then had bacteria of another sort and fermentation of another kind. Milk taken from a dairy would sour, but milk taken direct from the cow would probably never sour. By means of a number of experiments he had discovered that if bacteria lactis were not present in the milk other fungi were developed. The next thing to consider was whether or not the bacteria lactis were the cause of fermentation. The conclusion he had come to was that the bacteria lactis were the cause of lactic-acid fermentation. He urged the students seriously to ponder this subject and the facts he had laid before them, and he was sure they would agree with him that there was evidence that bacteria were the cause of fermentation. They then would have taken one sure step in the way of removing this very important question into the domain of distinct and definite knowledge.

Blue Light in the Treatment of Lunatics.

The photo-chromatic plan of treatment has passed from the region of public sensationalism into that of scientific study. In the October number of the *Journal of Mental Science*, Mr. F. P. Davies, Superintendent of the Kent County Asylum, England, narrates a number of cases greatly benefited by shutting up in a room whose windows were glazed with dark violet-blue glass, and the walls and doors colored the same hue. We extract one case, showing its effect in one of the more serious forms of disease:—

R. B. T., male. Admitted October 18th, 1871, aged 33. From his case book we learn that he has frequently recurring attacks of acute mania, during which he is most homicidal. He can at no time be regarded as a safe man, for he is constantly on the lookout for material with which to make weapons, and never loses a chance to secrete a knife. Under the usual treatment his attacks have lasted from two to three weeks, and have left him very much exhausted.

April 6th, this year, he began to use very threatening language, break windows and destroy clothes, by which we knew he was about having another maniacal outburst. He was at once removed to the blue room and kept in it until night, when he returned to his own room to sleep. The first day he was very noisy; daubed the walls with fæces and destroyed his clothes. At night the room was thoroughly cleansed, recolored, and the next day he was again put into it, and acted just as before. Toward evening, though, a change was noticed in him; he was quieter, and, upon being removed, asked not to be sent back there again. However, the room was again cleaned and properly prepared by the next day, when he was put into it for the third time. About noon he begged to be let out, complaining of severe frontal headache. Upon it being remarked that his room was not so clean as when he went into it, of his own accord he offered to wash it out, and, materials being provided, did so in a most thorough manner. From that time he has given us no trouble, and has exercised great control over himself.

The Prevention of Phthisis.

In an able paper lately read by Dr. Lagneau, of Paris, he showed that phthisis is more prevalent in Paris than in Berlin and London, reaching a mortality of 18 per cent., a proportion in which it is exceeded by Brussels and Vienna. He pointed out that whereas formerly the male deaths from phthisis were less than the female, the proportion between the sexes has now become reversed, the male mortality being to the female as 115 to 100. Further, that the mortality was higher by one-fourth among the immigrant population (country folk and foreigners) than among the native Parisians. After alluding to the fact that the disease prevails in warm and cold climates, M. Lagneau pointed out that certain regions enjoyed an immunity, such as certain altitudes in the Alps, Pyrenees, Cordilleras, Andes, the Mexican plateau, and certain northern countries, as Iceland, the Hebrides, portions of the north-west of Scotland, and the Faroe Islands. Although the only point in common between these mountain districts and northern countries is the possession of a low temperature, he showed, however, that cold could not be considered as preventive of phthisis, for M. Homann has shown it to prevail at Christiansand, in 62° N. Lat., with a mean annual temperature of 4.5° C. (40° F.), and MM. Etzel, Billebon and Guerault report a certain proportion of deaths from pulmonary consumption in Greenland. In France itself a far larger number claim exemption from military service on account of chest disease in the northern departments, as those of the Nord and Pas du Calais, than in the rest of France; but there is likewise a fair proportion even in the Mediterranean departments, where sufferers are so often sent. M. Lagneau showed also that poverty and insufficient nourishment do not go hand in hand with phthisis, the inhabitants of those districts where the disease prevails

being in much better circumstances than many others where phthisis is almost unknown. Pursuing his analysis further, he finds a general consensus of opinion among French authorities as to the favoring effects of sedentary occupations and trades; the department of Morbihan, which furnishes the fewest instances of the disease, being also the least industrial part of the country. He urged, therefore, the formation of free gymnasia, the encouragement of athletic exercises, formation of choral societies, establishment of public sanitaria for the phthisical, prevention of overcrowding in workshops, and means taken to procure a good supply of air and light in newly-built dwellings, legal restrictions against juvenile labor, the encouragement of physical exercises in the lycées and schools, and the substitution of rural camps in place of barracks, where the young soldier could pass his term of military service.

Women as Physicians.

In her Introductory at the London School of Medicine for Women, this fall, Mrs. Garrett Anderson, M. D., referring to the general question as to the admission of women to the medical profession, said, that no arguments would influence the opinion of those who disliked the innovation, and that in her opinion, the real defence would be found in experience and not in argument. Whether women can be trained to be first-rate doctors or not, and whether it is a solid advantage to society to have them so trained, are questions which can only be answered by experience on a somewhat large scale. Many of the objections commonly urged are, no doubt, imaginary. It is quite certain that women can study every part of the medical curriculum as seriously and thoroughly as men can, and that they do, to say the least, quite as well in the examinations.

On the other hand, some of the arguments used in favor of the charge seem open to question. It has been said, for instance, that women will understand women's ailments better than men will; but Mrs. Anderson would warn the students that they would understand disease according to their intelligence and knowledge, and not by virtue of any occult sympathy or intuition. Women, however, would understand, better than men could ever do, the conditions of life which underlie a vast amount of feminine ill-health. It needs a woman to sound the depths of dullness in the kind of life too frequently led by unoccupied women, and to understand how destructive it is to nervous health. No young man in England knows what it is to live an indoors and idle life, without work and play, and under perpetual tutelage.

With regard to the argument that medical women will marry, Mrs. Anderson remarked that society was concerned, not with the quantity of work which a medical woman could undertake, but with its quality, and that if medical women marry they must bear this in mind.

In conclusion, the lecturer urged the importance of carrying the community with them by judgment, moderation, and good taste. She begged the students also to remember that they were not now mere isolated units in society, not merely women who desired to help, according to their several lights, the best interests of all women, but that they were now members of a noble profession, and that they had the responsibility which is linked with comradeship toward every other medical person, whether man or woman. Let them free themselves from petty jealousies, ignore all that is opposed to comradeship in the attitude of others toward them, and seek in all things to promote the highest aims and interests of the profession, help to purge it of its flaws, and to add to its honor.

Removal of Strong Odors from the Hands.

The *Schweizerische Wochenschrift für Pharmacie*, has a communication from F. Schneider, in which he states that ground mustard, mixed with a little water, is an excellent agent for cleansing the hands after handling odorous substances, such as cod-liver oil, musk, valerianic acid, and its salts. Scale pans and vessels may also be readily freed from odor by the same method.

A. Huber states that all oily seeds, when powdered, answer this purpose. The explanation of this action is somewhat doubtful, but it is not improbable that the odorous bodies are dissolved by the fatty oil of the seed, and emulsionized by the contact with water. In the case of bitter almonds and mustard, the development of ethereal oil, under the influence of water, may perhaps be an additional help to destroy foreign odors. The author mentions that the smell of carbolic acid may be removed by rubbing the hands with damp flaxseed meal, and that cod-liver oil bottles may be cleansed with a little of the same or olive oil.

Gurjon Oil in the Treatment of Leprosy.

Surgeon-Major Hodder, A.M., M.D., in his "Medico-topographical Report on the Andaman Islands," describes the treatment of leprosy by gurjon oil, as practiced by Dr. Dougall, senior medical officer, Port Blair and Nicobars. The compound resulting from the admixture of gurjon and cocoanut oils not being quite satisfactory, Dr. Dougall, after several experiments, found that three parts of limewater to one part of gurjon oil forms a better ointment, being smoother, and painless in its application to healthy skin. An emulsion of equal parts of the same ingredients is also used for internal administration, in half-ounce doses, morning and evening. The following is the plan now adopted:—The lepers turn out at daybreak, and thoroughly wash themselves at a stream, employing powdered earth as a detergent. On returning to their ward, they receive their dose of emulsion, and then rub their whole body

with the ointment. At 3 P.M. the second dose is given, and the rubbing repeated for two hours. No change is made in the diet of the patients. Dr. Dougall attributes much advantage to the prolonged process of rubbing, on account of both the physical exercise and the mental occupation involved. The emulsion acts as a laxative and a diuretic. Twenty-four lepers have been treated, and in every case with much benefit. The treatment has, it is stated, enabled men, who for years had dragged on a miserable existence, to engage willingly in active employment.

On Vaccination.

A writer in the *British Medical Journal* says:—

As at present performed, vaccination is imperfect, either in its quality or its quantity, or in both. Comparatively few people are admitted into the small-pox hospitals with undoubted small-pox who show evidence of good vaccination in three or more places; and, if three good marks are visible on any patient, death is extremely rare. In respect of the age at which vaccination is performed, it is unfavorable, since it coincides with the time of appearance of specific eruptions; and, moreover, it is performed at a time when mothers too often begin to give the infant other food than breast-milk, a circumstance which favors the development of non-specific eruptions. If one postponed the vaccination until the child were thirteen months old, there would be urgent reason for vaccination being compulsory, and for its being performed in spite of the opposition of parents and others, seeing that the folly of one individual would be able to give small-pox to a number of infants, who would die at the rate of 95 per cent. It is forgotten by some, and unknown to others, that, for vaccination to be successful, one ought to produce an illness, and that this very illness is the first evidence of the success of the operation. In addition to the fact that people are ill after vaccination, it is important to bear in mind that people die after the operation, if not from the disease itself, at least from its sequelæ, notably erysipelas. Allowing that the mortality after vaccination is equal to that of inoculated small-pox (viz., 3 per 1000), vaccine inoculation is preferable to small-pox inoculation. Small-pox produced by inoculation may spread the disease indefinitely, which does not happen with vaccinia. Vaccination, as at present performed, is not preventive of small-pox. Successful vaccination is, with very rare exceptions, protective of life, and against the more severe sequelæ, except erysipelas. After puberty, however, vaccination loses the whole or a part of its protective power, and this also applies to revaccination performed before puberty. For vaccination to be effectual through life, it should be repeated after puberty, no matter what was the condition of the primary vaccination; and, judging from the statements from the small-pox hospitals, one will then be justified in saying that the occurrence of small-pox in a severe form is impossible, unless the patient, at the time of revaccination, be incubating small-pox.

The Science of Temperance.

In a late lecture with this title, Dr. B. W. Richardson, of London, made the following points:—*First:* That the substance now called alcohol, and which had been so called for some three centuries, could not be considered as a food, as most people supposed—standing alone in the world as something which was to be taken as if it were a food. *Second:* That common alcohol was, therefore, not a special gift sent to them to be used as a food, any more than the other chemical bodies coming under the head "Alcohol." *Third:* That when, as physiologists and biologists, they looked on the construction of the animal kingdom, and considered how it was made up of certain fluids and solids, they were struck with the fact that there was no provision whatever made for the use of such an agent as alcohol. Nature had produced the organization simply of one fluid, and that fluid was water. *Fourth:* That ethylic alcohol acted on the bodies of men and animals in the same manner as other chemical substances. It did not act after the manner of a food at all, but produced effects which were phenomenal in their character. He found that a fatal dose meant a proportion of a drachm of fluid to the pound weight of the warm-blooded animals. In a man weighing 120 lbs., a dose of fifteen ounces would certainly be fatal unless scientific means averted death. The lecturer then graphically described the phenomenal effects of various doses of alcohol on the organism, and remarked, in conclusion, that if alcohol did anything that was of use in the animal organization, it was only in the first stage of this action.

The Student's Hysteria.

In a paper on hysteria, which received a prize at the Physical Society of Guy's Hospital this year, Mr. P. Horrocks writes:—

"During the fortnight following the death of the late Napoleon, Sir James Paget was consulted for stone in the bladder, by no less than four gentlemen who had nothing the matter with them. And this leads me to speak of a form of hysteria which is frequent in males, and perhaps more so in our own profession than in any other class of people. How many students are there of one year's standing or more, in this hospital, or any other, who have not imagined, and really become convinced, that they were suffering from some disease, generally a fatal disease? I, myself, must confess that I have, since coming to Guy's, been thoroughly convinced that my heart was diseased. After a time, however, I felt that I was laboring under a great delusion; it was not my heart, after all, it must be my lungs. I remember listening

with breathless attention to Dr. Habershon, as he lectured on phthisis, for I was so convinced that my chest was affected, that I had not, at that time, called up sufficient courage to read it in books, for fear of finding out, without any doubt, that I was a doomed man. One thing, however, I could not get over, and that was that phthisical patients lose their appetites. I have never had that symptom yet, and so, after all, I may only have been suffering from mental delusion. I am not alone in this kind of thing; scores of students consult, yearly, medical men, for complaints of which they have not a single symptom. Ask any of our staff; they have had ample experience, and will fully bear out what I have stated."

The Sanitary Condition of China.

The state of things in China, from a sanitary point of view, is rather puzzling. According to Dr. Dudgeon, who has charge of the English hospital at Pekin, the Chinaman is not clean; his clothes are not washable; he uses the same garments day and night. Skin diseases abound, and itch is almost universal. Municipally, matters are worse. Streets are narrow; there are no sewers or gutters. "China, in a word, may be said to be totally destitute of sanitary science." In Canton, for example, there is a state of matters which tends to disturb our notions of the connection of fever and filth. Large numbers of the natives are daily using water and inhaling air charged with impurities of human excreta, apparently with utter impunity. River water is greatly used, and that used by the boat population is extremely filthy, and must be largely contaminated with human and other impurities. Yet they do not seem to suffer from diarrhœa and fever more than others. Even when typhoid cases appear they do not spread. There is a general concurrence of report from various districts as to the absence alike of means for preventing excrementitious poisoning and of typhoid. Pigs and dogs are the only kind of sanitary officers in China. Scarlet fever, measles, relapsing fever and diphtheria, all exanthematous diseases, are rare. No case has ever been seen, in either Amoy or Formosa, of any of these diseases. Other acute diseases are infrequent. So, too, are the diseases of degeneration, fatty and atheromatous—a fact properly associated by Dr. Dudgeon with the sober habits of the people. Phthisis, too, is rare. So is insanity. The deadly diseases are small-pox, which affects nearly the entire population, and kills sometimes forty or fifty per cent of the cases; intermittent and remittent fever, dysentery and diarrhœa. The fevers are doubtless caused by the marshy condition of the land on which rice is cultivated. When drainage shall have been introduced, and the favor with which vaccination is regarded shall have become universal, and when the opium traffic has been suppressed, it is not easy to see how Chinamen will be able to accomplish their decease.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The coming season in England promises to be more active in the medico-scientific publishing world than many of its predecessors. If we take the announcements of the leading houses, the profession and students there will have a large array of new works to select from. Messrs. J. & A. Churchill promise over forty new works and new editions. Messrs. Baillière, Longmans, Macmillan, Smith, Elder, etc., also announce several new works and new editions. In this country the announcements are not so numerous, "hard times" probably making themselves more directly felt here than across the water.

——Two papers, on subjects of very wide interest, have been sent us recently by their author, Dr. John M. Woodworth, Supervising Surgeon General of the United States Marine Hospital Service. One is entitled "The Safety of Ships, and of Those who Travel in Them;" the other, "The General Subject of Quarantine, with Particular Reference to Cholera and Yellow Fever." They are very valuable contributions to their respective topics.

——To the now numerous visiting lists which court physicians' favor, we add one issued by J. B. Lippincott & Co., entitled "Wood's Physician's Vade Mecum and Visiting List." It contains the usual tables for metric measures, doses of medicines, poisons and antidotes, etc., and the usual blanks, with such variations as recommended themselves to the author. The flap is large and cumbersome, not having even a tuck or a band to hold it in place.

BOOK NOTICES.

Modern Surgical Therapeutics, a Compendium of Current Formulæ, Approved Dressings and Specific Methods for the Treatment of Surgical Diseases and Injuries. By George H. Napheys, A. M., M. D., etc. Revised and brought down to the most recent date. 1 vol., 8vo., 600 pages. Price, mailed, prepaid, to any address, cloth, $4; full leather, $5. Published by D. G. Brinton, 115 South Seventh street, Philadelphia.

In the multitude of books which issue from

the medical press, it is unusual to find one, other than a monograph, which occupies an entirely new field. Yet, so far as we are aware, such is the case with the work before us. Its object is to give strictly the *therapeutics* of surgery, that is, all those portions of surgical treatment which are not included in the domains of operative and mechanical surgery.

To learn precisely what is left after these important departments are excluded, we shall give an analysis of the book in some detail.

It is divided into seventeen chapters, the first of which is entitled "The Therapeutics of Inflammation." This commences with a statement of the means of preventing or limiting inflammation, such as rest, cold and hot applications, veratrum viride, etc. To this succeeds a series of directions for the immediate treatment of inflammation, both of the sthenic, asthenic and chronic types. The authorities quoted are Gross, Erichsen, Murchison, Fothergill, etc. The résumé of remedies in inflammation occupies nearly nine pages, and gives quite full directions, with numerous formulæ, both for internal medication and the making of poultices and lotions, the employment of heat and cold, the value of electricity and venesection, etc.

Chapter II, on "Anæsthetics," is divided into "General and Local Anæsthetics." Among the novelties here described, we note Bonwill's anæsthetic method by deep inspirations, Spencer Well's observations on methylene bichloride (which that eminent surgeon prefers to all other agents), the Esmarch bandage as a local anæsthetic, Schrœtter's method for producing anæsthesia of the larynx, faradic anæsthesia as taught by Dr. Beard, etc. Chloroform, ether and nitrous oxide are discussed in a strictly practical manner, with reference to the best modes of administering them, and the measures to be taken in case of danger.

The third chapter, "On the Dressing of Wounds," is one of the most interesting in the book. It enters minutely into all the dressings, so numerous and so diverse, now lauded by various surgeons. Thus we find described, Billroth's "open treatment;" Gamgee's "anhydrous dressing;" Guerin's raw-cotton dressing; Hewson's earth dressing; while of "antiseptic dressings" there is a formidably long array, commencing with Professor Lister's famous carbolic and boracic acid dressings, and including a wide variety of other agents, such as carbolated camphor, chloral, the sulphites, sulphurous acid, alcohol, terebene, permanganate of potash, balsam of Peru, salicylic acid, creasote, petroleum, and numerous others.

Chapter IV, on "The Complications of Wounds," gives the medical treatment, drawn from a wide variety of sources, of erysipelas, gangrene, hemorrhage, phagedæna, pyemia, shock, tetanus, traumatic fever, traumatic neuralgia and paralysis. Over fifty pages are occupied in these subjects, so that under each a very full synopsis of the treatment of a number of authors is given.

To this follows Chapter V, on "Special Forms of Wounds," which are gunshot, punctured, contused and poisoned wounds. So far as we know, it is the first time that an American book has given the novel views of the great German military surgeons, as, for instance, Esmarch's condemnation of extracting balls; Stromeyer's opposition to the trephine, etc. Halford's ammonia treatment of snake-bite is given quite fully, while the article on hydrophobia is particularly worth reading, from the more hopeful view it takes of this terrible affection.

Of the eight following chapters, we can only name the titles and contents. Chapter VI. Lesions from Heat and Cold, including burns and scalds, lightning-stroke, sun-stroke, frost-bite and frozen limbs. Chapter VII. Lesions of the Connective and Muscular Tissue, including abscesses, bed-sores, carbuncles and boils (anthracosis and furunculosis), felon (whitlow, pæronychia), ulcers (sores). Chapter VIII. Lesions of the Bones and Joints, including bunions and ganglion, caries and necrosis, osteitis and periosteitis, sprain, synovitis. Chapter IX. Lesions of the Organs of Circulation, including aneurism, lymphangitis, nævus, phlebitis, varicose veins. Chapter X. Lesions of the Organs of Digestion, including (*the mouth and throat*) caries of the teeth, odontalgia, aphthæ and stomatitis, pharyngitis (sore throat), tonsillitis (quinsy, cynanche), tonsillar hypertrophy, (*the stomach and bowels*) hernia, intestinal obstruction (occlusion, intussusception), hemorrhoids, fissure of the anus, fistula of the anus, prolapse of the anus, pruritus of the anus. Chapter XI. Lesions of the Organs of Urination, including cystitis (acute and chronic), enuresis (incontinence of urine), irritable bladder (dysuria, strangury), lithiasis (stone, calculous disease, gravel), prostatic diseases. Chapter XII. Lesions of the Organs of Reproduction, including balanitis, hydrocele,

impotence, masturbation (self-abuse, onanism), orchitis (epididymitis), spermatorrhœa, varicocele. Chapter XIII. Lesions of the Organs of Special Sense, including (*the nose*) general therapeutics of nasal diseases, epistaxis, nasal duct, obstruction of, ozæna, rhinitis, (*the eye*) amaurosis, blepharitis, conjunctival diseases (ophthalmia), corneal diseases (ulcers, opacity), iritis, keratitis, styes (hordeolum), wounds and injuries of the eye, (*the ear*) eczema of the auricle, otitis, otorrhœa, tinnitus aurium.

The fourteenth chapter is on "New Growths," benign and malignant, the portion on the medical treatment of cancer occupying twenty-five pages, and being the most complete and satisfactory that we have anywhere seen. In all our surgical text-books this subject is discussed in the most superficial manner, and hence no quack flourishes so greatly as the cancer doctor; but here we find a very careful summary of the resources of therapeutic art in this dreadful affliction, and one, on the whole, very encouraging.

The fifteenth chapter is devoted exclusively to the treatment of scrofula, while diseases of the skin and venereal diseases occupy the remaining two. Three elaborate indexes conclude the book, one of authors, a second of remedies, and a third of diseases.

In a work of this kind, the reader will especially demand that it be done with thoroughness and judgment, and that it represent the most recent and modern authorities. As a test of the former, we have found by actual count that over seven hundred different authors are named and quoted; that they represent almost equally the United States and Great Britain, France and Germany; and that hardly a living surgical author of note has been omitted. That those who are anxious to learn about the novelties of therapeutic surgery will probably find what they seek here, we should judge from the fact that we see the volume contains descriptions of such recent introductions as chrysophanic acid, terebene, the salicylates, hamamelis, woorara, xanthium spinosum cosmoline, teucrium scordium, daturia, eserine, grindelia, hydrobromic acid, and numerous others.

In general plan and arrangement, as well as in size and in price, this volume is the same as Napheys' *Medical Therapeutics*. As an independent work, containing nothing which is in that treatise (fifth edition), it is a companion volume to it, but is sold also separately, to those who wish it.

Cyclopedia of the Practice of Medicine. Edited by Dr. H. Von Ziemssen. Vol. XV. Diseases of the Kidney. New York, William Wood & Co.

There are few departments of medicine where modern pathology had led to more divergent classifications than in affections of the kidneys. Every writer, almost, starts out with some new arrangement, more in accord, he believes, with the lesions than the schemes of his predecessors.

The greater part of the present volume is by Dr. Carl Bartels, Professor in Kiel. He divides diseases of the kidney into two classes, structural diseases and diffuse diseases. The former include those general symptoms produced by the cessation of the kidneys to perform their functions properly. In the latter class are hyperæmia and ischæmia of the organs, nephritis, acute and chronic, cirrhosis and degeneration. These subjects are treated at great length in their pathological and diagnostic aspects, only moderately so in their therapeutic relations. The narration of illustrative cases is rather frequent, and many of the details given instructive.

The second portion of the volume, by Dr. William Ebstein, treats on pyelitis and pyelonephritis, nephro-phthisis, peri- and para-nephritis, necrosis of the kidney, hydronephrosis, tubercles and cancer of the kindey, nephro-lithiasis, parasites in the kidneys, anomalies in their form and number, and diseases of the renal vessels. There is no doubt but that the recognition of many of these conditions, in the complications so frequent in actual practice, does, as the author remarks, "present insurmountable difficulties;" and that a pretty large part of his work, therefore, has its chief interest in the dissecting room rather than by the bedside.

Both writers acknowledge that even acute observers and standard treatises are far from agreeing on many points in the pathology of nephritic diseases. The limitations of what is meant by the old term, "Bright's disease" vary with almost every writer; and it becomes a question how far pathology can carry the torch of knowledge into the sick-room under such circumstances. The work which will give general satisfaction upon this class of diseases evidently has not yet appeared.

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THE EASTERN WAR.

The condition of medical and surgical matters in the Russo-Turkish war is, from all accounts, deplorable enough. The sudden demand for hospital accommodations has far exceeded the supply. We have collected a number of extracts from foreign journals which will give the reader some idea of the difficulties the surgeons have to contend with.

The London *Times*, from official sources, gives the total number of killed and wounded among the Russian armies from the beginning of the war to the middle of October as 47,400. The total sick, within the same period, is estimated at 20,000, making a grand total of 67,400. The returns from which these figures are taken would appear to include the armies in the field, both in Europe and Asia, but this is not quite clear; probably the European army only is covered by them.

The sick are very largely affected by malarial fevers and dysentery, both of which have increased vastly since the cold nights have set in.

At a meeting of the "Kieff Quinine Committee," the secretary stated that 1,460,000 portions of quinine had been dispatched to the Russian army up to the beginning of September, causing an outlay of 30,000 roubles on the part of the association. A letter from General Nekopoitchensky was read, in which the Grand Duke Nicholas thanked the committee for its assistance, and stated that 100,000 portions of quinine solution were found to be the necessary quantity of tonic required by a *corps d'armée* every month.

In spite of the energy of the Russians, the complaints are very great. Professor Pirogord, of St. Petersburg, who inspected the camps in September, writes as follows:—

"In the officers' tent I met with many of my comrades. Some of them positively declared that the treatment of the sick and the means at the disposal of the hospitals were such that it was better to be killed than wounded. . . . Yesterday wounded men were taken away, fasting, on carts that had brought provisions, but

on the road the inspector quarreled with the commissariat about a point of seniority, and the sick were brought back and replaced in beds without getting anything to eat. To-day they were again taken away at sunrise, without food. The food is cooked in such a way that it produces diarrhœa. The carts were so constructed that one of them at a turning fell over and threw the wounded men on the ground. . . . Do not fear to print the facts. I have been requested to publish them by people in authority, in the hope that public control may improve matters. Though the authorities are warned beforehand, they often make no preparations for the reception of the sick. . . . One party in this way remained a whole week in Tiraspol. On the field of battle the thing is organized in such a way that the wounded at Plevna did not receive food till the fourth day, and their wounds were not dressed till the third day after the battle. . . . In some hospitals there is so little space that the beds are placed together without any space between them. . . . The distribution of the sick among the different hospitals is such that after the affair at Nikopol the wounded remained for three or four days without assistance, while in other hospitals nothing was done. In Fratesti, I myself saw how, after the rains, the wounded, for whom no beds had been prepared, were left in the mud. At the same time, in the Brankovanski Hospital, in Bucharest, out of the hundred beds put at the disposal of our officers, only ten were occupied."

One of the worst features of the war has been the brutal barbarity of the Turks. It is a barbarous state of affairs when a flag of truce cannot be sent to the Turkish lines to propose a brief immunity from fire, while fatigue parties gather up the wounded lying in helpless agony in front of the works they have so bravely attempted to capture. The Turks not only refuse to receive flags of truce, but fire upon the parties bearing the white flag and the Geneva Cross, gathering up the wounded in parts of the field not then under dispute. It is a misnomer to call this conflict warfare; it is simply a gigantic massacre, where the brave fellows on both sides who carry the rifle are entangled in a hopeless slaughter by chiefs who can only succeed in getting them together where blood flows like water, but are utterly incapable of directing in an intelligent, much less scientific manner, the human forces mangling each other in frenzied confusion.

It is true that the Turks are just as unfeeling and negligent of their own wounded as they are of the enemy's. An English surgeon, in Turkish employ, writes:—

"After an engagement, as a rule, the wounded man, when he can 'pull himself together,' makes off, as well as he is able, to the nearest town, which may be, take, for example, Kars, in this instance, eighteen long, very long, miles away. How these men do contrive to get to towns and villages after being wounded as they are is a thing almost incredible. A compound fracture of the ankle, for instance, I can say of my own knowledge, in more than one case, does not prevent a Turkish soldier from finding his way to where he thinks help may be obtained, let the distance be what it may. The idea of waiting on the field till a party of 'sick-bearers' may come with proper appliances for his removal, seems never to enter his head; and perhaps it is just as well that this is so, for I fear that, wait as long as he might, such help would never come."

The London *Times'* correspondent, writing from Adrianople, under date 13th September, gives a graphic account of the difficulties which the medical staff engaged in transport work have to contend with. He describes the arrival, at nightfall, of Dr. Stoker at Philipopolis with a train of 1200 wounded, no preparation having been made for them, although their coming had been made known to the pasha in authority. He describes also the horrible sufferings of the men from the movements of the bullock-wagons in which they lay; the refusal of the pasha to give the needful help at the moment; the bandying of the wounded from pillar to post; the culmination of the difficulty in the pasha's head servant becoming impudent to Dr. Stoker, and in Dr. Stoker promptly there and then thrashing the man, in a way which left almost the bastinado in the shade, and thus bringing the master to his senses through the servant's castigation. No part of the present struggle in Bulgaria will,

in after-time, be regarded with more interest than the struggle of the aid societies to compel the Turks to receive help for their sick and wounded.

According to all accounts the condition of the country on the approaches to the Shipka Pass and to Plevna, and the localities in which fighting has taken place, are horrible beyond all description. A great district is absolutely laid waste, and is littered with the dead in every stage of decomposition. The difficulties encountered by the several aid societies in carrying out their mission of mercy are incredible—difficulties arising from the devastation of the localities in which their work lies, from the general lack of almost everything except what societies' staffs carry along with them, and especially from the indifference of the local Turkish authorities and commanders.

In and around Kesanlik, the stench from the decaying corpses was insupportable, and after the assault on the Pass (Aug. 23) there were six thousand wounded in that town, and only *four* surgeons to attend them.

Around Kars and Erzeroum the Turkish forces are absolutely without medical supplies. The wounded, when brought to the hospitals, are left almost without attention, or even food and water. Probably no more fatal war has been recently waged than the present one.

WHY IS HYGIENE NOT TAUGHT IN MEDICAL COLLEGES?

We hear and talk much of the progress of sanitary science, and there is no doubt but that hygiene is securing much more attention on every hand than in former times.

The advances, however, of this science are not commensurate with the importance of the subject, nor with the degree of enlightenment that exists in regard to the cause of various diseases. In fact, those who should urge onward this department are too frequently the least informed on the subject.

Physicians, as a rule, are not informed to any great degree concerning personal and public sanitation. But is it strange? We have before us several "annual announcements" of medical colleges, but in very few of them is hygiene taught, either during the preliminary or the regular course. In the University of Pennsylvania a Chair of Hygiene exists in the auxiliary course, but, unhappily, only a small minority of the regular medical class attend it. During the medical student's college course how much time is given to hygiene? How much of the clinical hour? How much of the lectures on the practice and theory of medicine? What is said upon the subject is incidental—may we not say *accidental?* It is probable that the professor of practice of medicine refers to good hygiene in the opening remarks of the treatment of a disease; but hygiene is a subject of such magnitude that the qualifying word "good" leaves a very dreamy sort of an idea of how to bring into use the powers of nature.

Is it any wonder that a certain popular lecturer exclaims, "If one were to start out in pursuit of information upon the laws of health, and he should consult thirty-six persons, twelve doctors, twelve clergymen, and twelve intelligent grandmothers, the doctors would give him the least knowledge"? No doubt we can select the proper pill to swallow, but, as the same gentleman says, "if you wish to know how to avoid being sick, or you are well and wish to know how to keep so, the first intelligent person of mature years you may happen to meet will give you more practical wisdom than your own family physician." There is a substratum of truth in his further statement that in looking on the sick side of a man the doctors are very apt to know less about the well side of him than other folks.

This may be an exaggerated picture, but yet, in the main, is it not only too true? How often in our medical journals do we see original communications, correspondence and notes on health? Is not sanitary science considered a specialty? The work of a certain few? It should not be so, and yet it is hard to conceive

how the disgrace can be obviated unless hygiene becomes a regular "chair," or, at least, is taught during the summer and preliminary courses. It is just as interesting and important as a course upon microscopy, symptomatology, laryngoscopy, etc. These are dignified with a lectureship. Why not hygiene?

Notes and Comments.

Diarrhœa in Children.

Dr. L. A. Davidson, of West Virginia, sends us the following as a most efficacious prescription for diarrhœa in children:—

℞. Pulv. calumbæ, ℥ij-iv
Extr. valerian. fluid.,
Syr. rhei, āā fl.℥ss. M.

A teaspoonful every two hours.

Action of Boracic Acid on Plants.

According to Eug. Peligot, even very small quantities of boracic acid, either free or in combination, are fatal to plants. It is suggested that they may also be deleterious to animals, and if so, the foods preserved by means of borax, such as fresh meats received from Buenos Ayres, even though washed before use, might be injurious to the persons eating them. The question is being investigated further. The probability is, that boracic acid will be found entirely harmless to animals and man, as it has been hitherto supposed to be, it having merely a destructive action upon the living cell-walls of plants, thereby preventing he development of microscopic fungi even in animal tissues.

Gallo-Tannic Acid as a Reagent for Ammonia.

A German exchange says:—Tannic acid derived from galls is known as a general reagent for alkaloids. It is, however, important to know that under certain conditions this reagent may lead to fallacious conclusions. Tannic acid, namely, produces in solutions of ammoniacal salts containing feeble acids a white precipitate, as, for instance, in solutions of ammonium acetate. If the ammonia, however, is combined with stronger acids, as, for instance, in solution of chloride or sulphate of ammonium, tannic acid produces no precipitate; but on adding a sufficient quantity of sodium acetate solution, the precipitate appears at once.

Temporary Aphasia.

Dr. Schlangenhausen (*Centralblatt*, April, 1876) records the case of a young woman, who, on learning she was deserted by her lover, became insensible for a quarter of an hour, and on regaining consciousness found that she could not speak. In place of the desired words, she repeated, ti, te, to. She understood everything which was going on around her, and could express her meaning in writing, but not without much delay over particular words. The aphasia passed away in about five hours. Dr. Schlangenhausen thinks that the series of changes which went on in the brain were sudden contraction of the vessels, causing loss of consciousness, succeeded by dilatation and hyperæmia, which were greatest in the regions supplied by the arteria fossæ Sylvii.

The Wood Pavement Humbug.

The *Lancet*, of London, in a recent issue, says: "We have peculiar satisfaction in watching the spread of the movement in avor of paving the leading thoroughfares with wood. The struggle has been long and arduous, to secure for this at first somewhat costly, but, in the long run, we believe, economical material, the attention its quality of noiselessness should command." After the *Lancet* people have watched the spread of wooden pavements as long as we in Philadelphia have, they will experience far greater satisfaction in watching their cessation. It is a thoroughly exploded humbug, which seems now to have reached our slow-going English cousins.

Maxims of Success.

The celebrated Dr. James Syme used to give his students the following rules to insure success in practice:—

1. Never look surprised at anything.
2. Before stating your opinion of a case on your second visit, ascertain whether your previous directions have been complied with.
3. Never ask the same question twice.

Auto-transfusion.

This is the title applied to the process of forcing the blood to the viscera by applying an elastic bandage to the limbs. It is easily done, attended with no risks, and an admirable auxiliary to treatment in post-partum hemorrhage and other maladies.

Poisoning by Burning Gas.

The *Lancet* urges the inconvenience, and even danger, of the ordinary burning gas. It says:—

"To have our rooms pleasantly illuminated with gas is to undergo a process of poisoning, the more disastrous because, instead of directly producing the characteristic symptoms of defective blood oxygenation, the gas-polluted atmosphere insidiously lowers the tone of vitality, and establishes a condition favorable to disease. It would be difficult to overrate the importance of this household peril. Pictures are spoiled by gas, gilt mouldings are tarnished, the colors of decorated walls and ceilings fade, and men and women of delicate organization are enfeebled and injured by the foul air in which gas is discharged and supposed to burn innocuously. The extent to which this evil works in the midst of domesticated families during the long evenings is not adequately appreciated. After the first few unpleasant experiences are over, the physical sensibility becomes inured to the immediate results of breathing an atmosphere charged, more or less heavily, with the products of combustion and unconsumed coal gas. It is not creditable to the ingenuity of practical men that no method has yet been devised by which the advantages of gas as an illuminating agent may be secured without the drawback of slow poisoning, with the host of maladies a depressed vitality is sure to bring in its train."

A Sign of Hæmoptysis.

M. Constantine Paul observed at the Société de Thérapeutique that a sure prognostic sign of hæmoptysis is found in the recurrent pulse. If, while the finger compresses the artery at the wrist, a pulsation is felt in the hand, we may feel certain that the patient will spit blood. During the last ten years that he has paid attention to the point, he has come to regard this sign as certain.

Convulsions from Fright.

A case reported in the *Journal de Médecine* shows the danger of allowing very young children to be exposed to anything capable of suddenly frightening them, with the idea that they are too young to notice or understand what is going on. The child was taken into a room where her grandfather, whom she dearly loved, was being put into his coffin. She immediately began crying, "They are taking away pépé," became very sad, and although she was removed from the house, after remaining in this state for three weeks, often crying and calling for her pépé, convulsions came on, from which, under proper treatment, she recovered.

Correspondence.

Physicians as Dispensers.

Ed. Med. and Surg. Reporter:—

In your issue of November 10th, the article in relation to "Physicians as Dispensers," by J. W. P. Bates, M.D., presents the subject in a light too plain to be overlooked or disregarded. Every practitioner of medicine in the United States ought to see that article and profit thereby. There is no mistaking the fact that hundreds of druggists are making use of our prescriptions under their own names, and thereby diverting the people from us to them. In so far as the profits are concerned, with regard to physicians furnishing and dispensing their own medicines, I am satisfied that the physician would be the gainer in the end, in nearly every individual case; and that the people would be better pleased, is the result of the experience of every doctor who has practiced this plan, I have no doubt. A form of medicine both convenient to carry and pleasant of administration is a want long felt by our country practitioners, and certainly would be no less felt by those of the city were they to furnish their own drugs. The idea of the manufacture of granules, as advanced by the writer of the article spoken of, is a good one, and the sooner we adopt the plan advocated by him the sooner we shall be an independent profession, not subject to the usurpation of the non-professional and unscrupulous druggist.

Bethel, Vt. L. M. Greene, M.D.

The Actual Cautery in the Treatment of Spasmodic Torticollis.

Ed. Med. and Surg. Reporter:—

In the Reporter of November 10th, 1877, in noticing my paper on "Spasm of the Muscles Supplied by the Spinal Accessory Nerve," it is said that I recommend the applications with the actual cautery to be made deeply on each side of the spinal column, suppuration being maintained for some weeks. This is a mistake, as may be seen by reference to the article. I do not advise this treatment, but simply refer to it, as the method of Busch. In treating spasmodic torticollis and other forms of local spasm, I prefer and employ the method of Brown-Séquard and Dupuy; I beg leave to quote here the latter's remarks on the use of the cautery, from an article on "The Actual Cautery in Spasms, Paralysis and Epilepsy," in the New York *Medical Journal*, for January, 1877:—"1. The instrument has to be heated to

whiteness; 2. It must be shaped like an olive (blunt end); 3. It must not be allowed to burn the skin, but is passed rapidly along the space to be acted upon, so that after the operation is over nothing is seen but a *white line*, very much resembling a scratch with a finger-nail. So applied, it is never painful. It can be repeated every other day, as there are no scars and no irritation left. The necessity for observing these rules is obvious, as the object of the operation is to act on the termination of nerve-fibres in the skin, but not to destroy them; hence it is clear that the method of first applying ether-spray on the spot to be cauterized, so as to deaden the pain of the cautery, mars the good effects of the application of the instrument, because the ether-spray is itself *more painful* than the actual cautery, when the latter is used after the manner above stated; and moreover, it anæsthetizes the nerve-ends which it is desired to affect, so that the cauterization becomes useless." Yours,

CHAS. K. MILLS, M.D.

A Monstrosity.

ED. MED. AND SURG. REPORTER:—

I was called to see Mrs. ———, of Cardington, who was in labor. On my arrival, an examination proved her to be in the second stage of labor, the os being dilated to the size of a half dollar; the abdomen was extended to a wonderful size, and, supposing there were twins, I applied the stethoscope, but could hear no fœtal heart; yet the mother said she felt life, and was afraid it would be marked, as, when she was four months' pregnant she had nursed a child with a tumor between its shoulders, which drew the head back until it had the appearance of extending down to the dorsal region. Being rather skeptical upon this point, I assured her she need not be alarmed about a mark. When the membranes ruptured, the amniotic fluid came away to at least the amount of two and a half gallons; the abdomen went down to almost its natural size. I introduced my hand into the vagina, which had been distended by the fluid, and the next pain brought the head within my hand; when the child was born it presented much the appearance of that the mother had described, but the tumor was a sanguineous one and ruptured as it passed the mother's parts. The child expired. The upper and lower extremities were well formed, except the arms, which were proportionately lengthy, and grew from points just below the ears; the head and general appearance resembled that of a toad, there being no encephalon whatever. A case is related by Dr. Greene, of this place, where a child had but one hand, and the mother remarked that she expected it, as she saw a gentleman that had but one hand, and it made an impression upon her mind, during gestation.

Query. Do mental impressions made upon the mother during gestation, have a tendency to mark the child? J. L. WILLIAMS, M. D.

Cardington, Ohio.

NEWS AND MISCELLANY.

Dr. Paul F. Eve.

The death of this eminent surgeon will be heard of with profound regret in a wide circle. He was born near Augusta, Georgia, June 27th, 1806. The following particulars of his life we borrow from the *American Medical Bi-weekly*. In 1826, and at the age of twenty, he graduated at the University of Georgia, and graduated as a Doctor of Medicine at the University of Pennsylvania in 1828. He went to Europe in 1829, being in Paris during the Revolution of 1830, witnessing the historic three days, July 27, 28, 29, of that year. In 1831 he volunteered in the Polish Army, and served nine months with distinction. During that year he received the Golden Cross of Honor of Poland, for his great success in the performance of the duties of his profession, which won for him a national reputation. In 1832 he became Professor of Surgery in the Medical College of Georgia, and filled this chair with great credit for eighteen years. In 1850 he was elected to the Chair of Surgery in the Medical Department of the University of Louisville, and after serving one year, nobly resigned, to enable Professor S. D. Gross to return to that Institution. He was then elected to the Chair of Surgery in the University of Nashville, and occupied this position for seventeen years. In 1851 he was invited to occupy the Chair of Surgery in the University of New York, to fill the vacancy created by the death of Dr. Granville Sharp Patterson.

In 1857 he faithfully discharged the duties devolving upon him as President of the American Medical Association. He served as a surgeon during the contest between the Northern and Southern States. He was editorially connected with professional journalism for many years, and was the author of numerous monographs upon surgery, etc. He had long occupied a front position in the rank of eminent surgeons of the United States. Fourteen times he went to Europe in the interest of a profession to which he was passionately devoted. His services during the war in Poland were purely voluntary. He delivered eighteen courses in the University of Georgia, and declined a professorship in New York and Philadelphia, and the Surgeon Generalship of Tennessee. In 1868 he accepted the Chair of Surgery in the Missouri Medical College, the chair being vacated by the death of Dr. Joseph McDowell. In 1870 he again became Professor of Surgery in the University of Nashville, and filled this position for six years. He had remarkable success as a lithotomist. Of ninety-two bilateral operations up to 1874, only eight terminated fatally; of the last forty-eight cases, forty-six recovered; of 105 applicants for relief, not one was refused.

In 1875 he was appointed to deliver an address upon "Surgery in the South and Southwest" at the meeting of the International

Medical Congress, which occurred in 1876, in Philadelphia. The address was prepared with great care and deliberation, and was the best effort of his life in that direction. It was delivered before the assembled wisdom of the medical fraternity from all parts of the globe, and pronounced by all to be one of the finest they ever heard. The proceedings of the Congress containing the address are now lying in the express office at Nashville, Dr. Eve having been notified of their reception a day or two before his death. He had never seen the discourse in print, and by his sudden demise was denied the pleasure of reading it.

In the spring of the present year the Nashville Medical College was commenced, and Dr. Eve was elected Professor of Surgery and Clinical Surgery, which position he held at the time of his death.

On the 25th of January, 1876, Dr. Eve was unanimously elected an honorary member of the Academy of Medicine in Pulaski.

Dr. Eve died suddenly, at the bedside of a patient to which he had been called, November 3d, 1877.

Personal.

—Professor Louis H. Duhring has recently been appointed dermatologist, Dr. Charles K. Mills neurologist, and Dr. E. O. Shakspeare ophthalmologist to the Philadelphia Hospital.

—At a recent sitting, the Municipal Council of Paris formally accepted the legacy of M. Moiana, who has bequeathed to the city of Paris a million of francs, for the foundation of a hospital to bear his name, and in which sick and indigent women should be received.

—Speaking at Vienna on the 20th ult. Professor Billroth said: "To-day I have performed my one hundredth ovariotomy. What a large number this would have appeared only a few years ago! But how small beside the brilliant roll of Spencer Wells. The work he related to the British Medical Association at Manchester excites our highest wonder and admiration."

—The St. Louis *Clinical Record* complains that the Missouri Medical Law is not enforced.

QUERIES AND REPLIES.

Dr. F., of Pennsylvania, would be glad to receive the opinion of any one that wore lung protectors; when to apply, and the proper time to take them off; whether advisable for weak lungs or not.

OBITUARY.

DR. MARTYN PAINE.

This eminent medical author and teacher died recently in New York. The deceased was born in Vermont, and received a classical education at Harvard College. After graduation he applied himself to the study of medicine, and after some years acquired a lucrative practice in New York City. He was elected to a chair in the Medical Department of the University of New York City, and also occupied the position of Treasurer of the College.

CORNELIUS R. BOGERT, M. D.

Dr. Cornelius R. Bogert, one of the oldest and most esteemed physicians of New York City, died at the advanced age of 76 years. The deceased was born in New York on February 26th, 1800, his father being John G. Bogert, a distinguished lawyer. Upon the organization of the New York Life Insurance Company he was appointed its medical examiner, and retained the position until his death. His health began to fail about two years ago, and he was obliged to relinquish the larger part of his very extensive practice and confine his labors to his duties as medical examiner.

MARRIAGES.

DELL—GARDINER.—On the 31st ult., at the residence of the bride's parents, by the Rev. Edward Dillon, assisted by the Rev. L. Kirtley, Frank P. Dell and Ida W., daughter of D. R. Gardiner, M. D., all of Woodbury, N. J.

WILLIAMS—FOOTE.—At the residence of E. Howard Hutchinson, Esq., Buffalo, N. Y., November 7th, 1877, by Rev. J. M. Henderson, W. H. Williams, M. D., of Brooklyn, New York, and Susanna Throop, daughter of the late Anson Foote, M. D., of Guilford, Conn.

KEATING—MCCALL.—On Tuesday, the 13th inst., by his Grace, the Archbishop, at 2012 De Lancy place, Dr. John M. Keating and Edith, daughter of Peter McCall, Esq.

SKEGGS—TUCKER.—On November 11th, 1877, at the residence of the bride's parents, Dr. C. W. Skeggs, of Lucas, Ohio, and Miss Emma I. Tucker, of Pleasant Valley, Ohio.

DEATHS.

ANTHON.—In New York, on Thursday, November 8th, at her residence, No. 13 West Thirty-fifth street, in the 85th year of her age, Louisa Anthon, daughter of the late George Christian Anthon, M. D.

BOGERT.—In New York, Saturday, November 10th, Cornelius R. Bogert, M. D., in the 77th year of his age.

BUDD.—In New York, on Thursday, November 8th, Bernard L. Budd, M. D., in the 50th year of his age.

CLARK.—In Tinmouth, Vermont, October 31st, Dr. Theophilus Clark, of Philadelphia, aged 97 years and 3 months.

COOKE.—On the 13th instant, Adelia A. Cooke, widow of Thomas Cooke, M. D.

LINER.—In Minneola, Texas, of consumption, Dr. W. C. Liner, in the 31st year of his age.

PAINE.—At his residence, No. 36 East Fourth street, November 10th, Martyn Paine, M. D., L.L. D., Emeritus Professor of the Medical Department of the University of New York.

ROGERS.—In Brooklyn, on Saturday, November 10th, 1877, David L. Rogers, M. D., formerly of New York, in the 49th year of his age.

STILLEY.—At Mount Lebanon, Allegheny Co., Pa., on Wednesday, November 7, 1877, Dr. H. M. Stilley, aged 32 years.

WATSON.—In West Topsham, Vermont, October 7th, Nancy C. Watson, wife of Dr. O. L. Watson, aged 43 years, 2 months and 6 days.